

United States Patent and Trademark Office
- Sales Receipt -

• 12/16/2005 MPEOPLES 00000003 503129 09765491

• 01 FC:2402 250.00 DA

**RECEIVED
CENTRAL FAX CENTER**

NOV 30 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jack L. Arbiser

Serial No.: 09/765,491

Art Unit: 1617

Filed: January 18, 2001

Examiner: Jennifer M. Kim

For: *CURCUMIN AND CURCUMINOID INHIBITION OF ANGIOGENESIS*Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**APPEAL BRIEF**

Sir:

This is an appeal from the rejection of claims 4-6, 10-12, and 17-19 in the Office Action mailed March 31, 2005, in the above-identified patent application. A Notice of Appeal was filed on August 30, 2005 along with a two month extension of time. **A RESPONSE TO THE FINAL REJECTION, WHICH INCLUDED A NUMBER OF THE REFERENCES ATTACHED IN THE APPENDIX AS EVIDENCE, WAS FILED OCTOBER 28, 2005. IT DOES NOT APPEAR THIS RESPONSE HAS BEEN CONSIDERED BY THE EXAMINER.**

The Commissioner is hereby authorized to charge \$250.00, the fee for the filing of this Appeal Brief for a small entity, to Deposit Account No. 50-3129. It is believed that no

NOV 30 2005

PTO/38/17 (12-04)

Approved for use through 07/31/2006. OMB 0661-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4818).**FEE TRANSMITTAL
For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60.00)

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 09/765,491 |
| Filing Date | January 18, 2001 |
| First Named Inventor | Jack L. Arbiser |
| Examiner Name | Jennifer M. Kim |
| Art Unit | 1617 |
| Attorney Docket No. | EU 98055 CON |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for Extension of Time for 1 month (Small Entity)

Fees Paid (\$)

\$60.00

SUBMITTED BY

| | | |
|-------------------|-----------------------------------|-----------|
| Signature | Registration No. (Attorney/Agent) | Telephone |
| Name (Print/Type) | | |
| Date | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9109 and select option 2.

EU 98055 CON / 077113-00004